REQUEST FOR QUOTATION

Wake County Public School System
Purchasing Department
1551 Rock Quarry Road
Post Office Box Box 28041
Raleigh, North Carolina 27611

(919) 856-8080
FAX (919) 856-8107

REQUISTION NO	DATE

The above number must appear on all quotations and related correspondences. **THIS IS NOT AN ORDER.**

QUOTE NO LATER THAN	DELIVERY REQUIREMENTS	DELIVERY PROMISED	TERMS	F.O.B.

In compliance with this Request for quotation and subject to all conditions herein, the undersigned offers and agrees, if this quote is accepted within _____ days from the date of opening, to furnish any or all items upon which prices are quoted at the price set opposite each item. Signature certifies that this quote is submitted competitively and without collusion.

COMPANY QUOTING: _____

ADDRESS: _____

_____

PHONE/FAX: _____

QUOTED BY: _____

This firm certifies that it is a: ❑ Minority Business Enterprise ❑ Woman Business Enterprise ❑ Handicapped Business Enterprise. *To qualify for M/W/H status 51% of the company must be owned and controlled by minority, woman, or handicapped.*

SIGNATURE: _____

TITLE : _____

QUANTITY	UNIT PACK	DESCRIPTION	UNIT PRICE	AMOUNT

BUYER: _____

REQUEST FOR QUOTATION

THIS IS NOT AN ORDER

CITY OF HIGH POINT

COMPLETE AND RETURN TO:

ATTENTION: PURCHASING AGENT
CITY OF HIGH POINT
211 S. HAMILTON STREET
P.O. BOX 230
HIGH POINT, NC 27261

PHONE 336-883-3219 FAX 336-883-3248 TDD 336-883-8517

VENDOR

"Void"

ATTN:

VENDOR: READ CAREFULLY

1. THIS INQUIRY IMPLIES NO OBLIGATION ON THE PART OF THE CITY OF HIGH POINT.
2. CHANGES OR SUGGESTIONS OFFERING COST ECONOMY ARE SOLICITED.
3. IF YOUR PRODUCT DEVIATES FROM OUR SPECIFICATIONS, PLEASE CALL OUR ATTENTION TO THE EXCEPTIONS WHEN QUOTING OR SUBMIT SAMPLES.
4. QUOTATIONS MUST STATE TERMS OF PAYMENT AND DELIVERY TIME.
5. PLEASE SHOW ADDRESS CHANGES IF ANY.
6. SHOW DISCOUNT ONLY IF **NOT** INCLUDED IN UNIT PRICE.
7. UNLESS STATED IN WRITING BELOW, FREIGHT COSTS TO BE PAID BY VENDOR.

QUOTATIONS MAY NOT BE CONSIDERED IF THE INFORMATION REQUESTED BELOW IS NOT COMPLETED, SIGNED AND RETURNED TO PURCHASING BY THE DUE DATE.

REFER TO THIS NUMBER BELOW IN ALL CORRESPONDENCE.

INQUIRY NUMBER

DATE	DEPARTMENT	THIS QUOTE DUE IN OUR OFFICE BY

QUANTITY	SPECIFICATIONS	UNIT PRICE	TOTAL COST	DELIVERY & FREIGHT	TERMS

IMPORTANT: FILL IN COMPLETELY

WE QUOTE WITH SHIPMENT AND TERMS AS ABOVE

DATE	SIGNED	PRINT NAME & OFFICIAL TITLE

In accordance with the federal "Americans With Disabilities Act" (the Act), the City of High Point will not discriminate against individuals with disabilities, and will not do business with vendors who discriminate against such individuals in violations of the Act.

METROPOLITAN SEWERAGE DISTRICT
OF BUNCOMBE COUNTY, N.C.
P.O. Box 8969
Asheville, N.C. 28814
Telephone #:_____
Fax #:_____
Divisional Buyer:_____
District Purchasing Officer_____>$1000.00

R.E.Q. NO._____

Account Code

_____-_____-_____-_____
Fund Division Object Work Orders

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)

Vendor Mailing Address:

Please quote in space indicated below. If unable to furnish in accordance with description, you may offer a substitute giving complete details. Substitute only if unable to quote as required.

Do not include Federal or Transportation tax in your quote. N.C. Sales Tax or Buncombe County Sales Tax must not be included in prices but may be shown separately. All prices will be considered FOB Asheville/Buncombe County, unless otherwise quoted.

Quantity	Description	Unit Price	Extension

THIS QUOTATION COMPLIES WITH THE ABOVE DESCRIPTIONS OR ATTACHED SPECIFICATIONS APPLICABLE WITH NO EXCEPTIONS.

Signature:

Term:_____ Total

Delivery Date:_____

Title: Date:

Approved by:_____ (Divisional Buyer) _____ (District Purchasing Officer)

Copies:
White - Purchasing Officer >$1,000
Yellow - Division Files

Form No. P-002 February 1996